Request for Breast Surgery

Protected B (when completed)

The information on this form is being collected and used by Alberta Health pursuant to sections 20 (b), 21, 22, 27 (1) (b) (g) and 27 (2) of the *Health Information Act*, for the purpose of determining your eligibility to receive funding from Alberta Health. If you have any questions about the collection of this information, you can contact the Provider Relationship and Claims Unit via Email: Health.HCIPAProviderClaims@gov.ab.ca.

The eligibility for Prior Approval Form is to validate that an Alberta patient meets the criteria under the Alberta's Schedule of Medical Benefits for either Mastectomy or Augmentation.
Any licensed Physician or Nurse Practitioner in Alberta can fill out this form on behalf of their patient, including the Primary Care Provider or Surgeon. This form must be submitted to Alberta Health by the Surgeon.

SECTION A - Patient Information

Patient Last Name | Patient First Name | Patient Middle Name | Patient Preferred Name

Date of Birth: Year | Month | Day | Alberta Personal Health Number | Daytime Phone

Street Address | City or Town | Province (AB) | Postal Code

Mailing Address, if different from street address | City or Town | Province (AB) | Postal Code

SECTION B - Practitioner Information (Must be completed by a licensed Alberta Physician or Nurse Practitioner)

Applying Practitioner Last Name | Applying Practitioner First Name

Specialty | Practitioner ID | Business Fax

Business Mailing Address | City or Town | Province | Postal Code

SECTION C - Clinical Referral Criteria (Must be completed by the Applying Alberta Practitioner or Nurse Practitioner)

Patient's Requested Surgery:

◯ Mastectomy - for female to male chest construction

OR

◯ Augmentation - for male to female breast construction

Does the patient fulfill the following criteria?

Patient is 18 years or older ◯ Yes ◯ No

Is there confirmation of Gender Dysphoria diagnosis? ◯ Yes ◯ No

Date of Diagnosis yyyy-mm-dd | Name of Diagnosing Alberta Physician

If Augmentation was selected, additional criteria must be met:

Does the patient have no or negligible breast development despite adequate hormone therapy for at least one year? ◯ Yes ◯ No

This patient had a minimum of twelve (12) months of appropriate hormone therapy ◯ Yes ◯ No

Date Patient Started Hormone Therapy yyyy-mm-dd

Name of Primary Care Provider or Endocrinologist

Medication(s)

If No:

Reason(s)

SECTION D - Physician and/or Nurse Practitioner Declaration (Requires wet signature)

I, the Applying Physician or Nurse Practitioner, agree that the supplied information as stated above is correct to the best of my knowledge.

Date yyyy-mm-dd | Printed last name, first name | Signature

I, the Applying Surgeon, agree that the supplied information as stated above is correct to the best of my knowledge.

Date yyyy-mm-dd | Printed last name, first name | Signature

Please have the Applying Surgeon send completed forms to the Special Programs Unit via **Fax**: 780-415-0963.

Email: Information-spu@gov.ab.ca or through the mail at: Out-of-Province/Out-of-Country Special Programs Unit, Alberta Health, P.O. Box 1360 Stn Main Edmonton, AB T5J 2N3

If there are any questions, please contact the Special Programs Unit at phone: 780-415-8744.

MINISTRY DECISION - For Office Use Only

◯Approved ◯Denied

☐Patient address required update with Service Alberta and Red Tape Reduction at 780-427-1432

If Approval granted:

- This eligibility confirmation is limited to the health service codes HSC 97.43 and 97.22A and is subject to the above-named patient having valid AHCIP coverage on the date that approved services are performed.
- Patients must continue to be eligible under the GSP noted on the Prior Approval Form until they receive their surgery.

Following the surgery, claims for HSC 97.43 and 97.22A can be submitted to the AHCIP using the regular claim submission process. The gender restrictions normally present for these billing codes can be bypassed by including text within the claim submission as follows:

1) Insert text noting the diagnosis of transgender and,
2) Indicate the date of the Alberta Health eligibility prior approval.

Submitting claims with this text will prevent the claim from being rejected by Alberta Health. The standard timeline for Alberta Health to receive claims, 90 days from the date of the health service was provided, applies.

Ministry Official's Name | Ministry Official's Position

Decision Date yyyy-mm-dd | Ministry Official's Signature